

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

APPLICANT(S)

FILING DATE

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1	1					
2						
3						
4						
6	cancel					
6						
7						
8	1					
9						
10						
11						
12	cancel					
13						
14						
15	1					
16						
17						
18						
19						
20	cancel					
21	1					
22						
23						
24						
25	cancel					
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47						
48						
49						
60						
TOTAL IND.	4					
TOTAL DEF.	25					
TOTAL	29					

	INO.	DEF.	INO.	DEF.	INO.	DEF.
61						
62						
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100						
TOTAL INO.						
TOTAL DEF.						
TOTAL						